

June 12, 2019

CooperSurgical, Inc. Christine Kupchick Regulatory Affairs Associate 95 Corporate Drive Trumbull, CT 06611

Re: K191291

Trade/Device Name: Wallace Dual Lumen Oocyte Recovery System

Regulation Number: 21 CFR§ 884.6100

Regulation Name: Assisted Reproduction Needles

Regulatory Class: II Product Code: MQE Dated: May 13, 2019 Received: May 14, 2019

## Dear Christine Kupchick:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at <a href="https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm">https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm</a> identifies combination product submissions. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies.

You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see <a href="https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products">https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products</a>); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <a href="https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems">https://www.fda.gov/medical-device-problems</a>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<a href="https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance</a>) and CDRH Learn (<a href="https://www.fda.gov/training-and-continuing-education/cdrh-learn">https://www.fda.gov/training-and-continuing-education/cdrh-learn</a>). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (<a href="https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice</a>) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

For
Sharon M. Andrews
Assistant Division Director
DHT3B: Division of Reproductive,
Gynecology and Urology Devices
OHT3: Office of Gastrorenal, ObGyn,
General Hospital and Urology Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

# DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

## **Indications for Use**

510(k) Number (if known)

Form Approved: OMB No. 0910-0120

Expiration Date: 06/30/2020 See PRA Statement below.

K191291		
Device Name		
Wallace Dual Lumen Oocyte Recovery System		
Indications for Use (Describe)		
The Wallace Dual Lumen Oocyte Recovery System is a sterile, single-use device for ultrasonic-guided transvaginal		
collection of oocytes from the ovarian follicles.		
Type of Use (Select one or both, as applicable)		
Prescription Use (Part 21 CFR 801 Subpart D) Over-The-Counter Use (21 CFR 801 Subpart C)		
CONTINUE ON A SEPARATE PAGE IF NEEDED.		

This section applies only to requirements of the Paperwork Reduction Act of 1995.

## \*DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.\*

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## 510(k) SUMMARY K191291

#### **SUBMITTER INFORMATION**

Company Name: CooperSurgical Inc. Company Address: 95 Corporate Drive

Trumbull, CT 06611

#### **CONTACT**

Name: Christine Kupchick
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Fax: 203-601-9870

Email: christine.kupchick@coopersurgical.com

Date Prepared: June 10, 2019

#### **DEVICE IDENTIFICATION**

Trade Name: Wallace Dual Lumen Oocyte Recovery System

Common Name: Oocyte Retrieval Needle

Regulation Number: 21 CFR 884.6100

Regulation Name: Assisted Reproduction Needles

Product Code: MQE (Needle, Assisted Reproduction)

Regulatory Class: Class II

#### PREDICATE DEVICE INFORMATION

Wallace Dual Lumen Oocyte Recovery System (K182959).

The predicate device has not been subject to a design-related recall.

#### **DEVICE DESCRIPTION**

The Wallace Dual Lumen Oocyte Recovery System was previously 510(k) cleared under K182959. The current submission is for the addition of three 16-gauge needle models, in addition to the currently available 17-gauge needle models.

The Wallace Dual Lumen Oocyte Recovery System consists of a 33 cm dual lumen stainless steel needle with a plastic needle hub, and aspiration, flushing, and vacuum tubing. The needle hub acts as a handle and is designed for the user to hold between the thumb and index finger. It has two ports: the central port through which oocytes are aspirated via the central lumen, and a secondary side port to allow flushing of follicles via the secondary lumen that is attached to the flushing tubing. The needle aspiration tubing connects to a silicone bung that allows connection to a sample tube. The silicone bung is also connected to the vacuum tubing that allows connection to a vacuum source.



The Wallace Dual Lumen Oocyte Recovery System is available in 16 or 17-gauge color-coded sizes (16G-Blue and 17G-Red). The needles are available in three aspiration tubing lengths: 500, 750, and 950 mm. The system includes flushing tubing of 700 mm length and vacuum tubing of 500 mm length. The device is provided sterile and is for single-use only.

## INDICATIONS FOR USE

The Wallace Dual Lumen Oocyte Recovery System is a sterile, single-use device for ultrasonic-guided transvaginal collection of oocytes from the ovarian follicles.

#### SUBSTANTIAL EQUIVALENCE DISCUSSION

**Table 1: Substantial Equivalence Comparison** 

Attribute	Subject Wallace Dual Lumen Oocyte	Predicate Wallace Dual Lumen
	Recovery System	Oocyte Recovery System
Manufacturer	CooperSurgical, Inc.	CooperSurgical, Inc.
510(k) Number	K191291	K182959
Indications for Use	The Wallace Dual Lumen Oocyte	The Wallace Dual Lumen Oocyte
	Recovery System is a sterile, single-use	Recovery System is a sterile, single-use
	device for ultrasonic-guided	devices for ultrasonic-guided
	transvaginal collection of oocytes from	transvaginal collection of oocytes from
	the ovarian follicles.	the ovarian follicles.
Needle	33 cm dual lumen needle	33 cm dual lumen needle
	16g and 17g sizes	17g size only
Needle Hub	Molded with friction fit needle bosses	Molded with friction fit needle bosses
	and solvent bonded flushing side	and solvent bonded flushing side
	connector	connector
Tubing Sets	Aspiration: 500, 750, and 950 mm	Aspiration: 500, 750, and 950 mm
	Flushing: 700 mm	Flushing: 700 mm
	Vacuum: 500 mm	Vacuum: 500 mm
Device Materials	Stainless steel, methacrylate	Stainless steel, methacrylate
	butadiene styrene (MBS), silicone,	butadiene styrene (MBS), silicone,
	polyurethane, polycarbonate, Nylon,	polyurethane, polycarbonate, Nylon,
	and acrylonitrile butadiene styrene	and acrylonitrile butadiene styrene
	(ABS)	(ABS)
Sterilization	Ethylene oxide; SAL 10 <sup>-6</sup>	Ethylene oxide; SAL 10 <sup>-6</sup>
Number of Uses	Single-use; disposable	Single-use; disposable
Shelf Life	Two years	Two years

The subject Wallace Dual Lumen Oocyte Recovery System and the predicate device (K182959) have identical Indications for Use statements; therefore, their intended uses are the same.

The subject and predicate device have different technological characteristics. The subject device is a line extension of the predicate device and includes the following modifications:



- Larger (16g) needle size
- Larger inner diameter of aspiration tubing

These differences identified do not raise different questions of safety and effectiveness as compared to the predicate.

#### **NON-CLINICAL PERFORMANCE TESTING**

As part of demonstrating substantial equivalence to the predicate, a risk analysis was completed to identify risks associated with the device modifications (i.e., larger needle gauge and aspiration tubing inner diameter). Verification and validation testing were conducted to evaluate the modifications. The following tests, associated with the device modifications, were performed on the subject device according to methods and acceptance criteria outlined in the predicate device (K182959). The subject device passed all the testing in accordance with internal requirements and applicable standards to support substantial equivalence of the subject device:

## Biocompatibility Testing per ISO 10993-1:2009

- o Cytotoxicity per ISO 10993-5:2009
- o Irritation per ISO 10993-10:2010
- o Sensitization per ISO 10993-10:2010

## • Stability and Shelf Life

The following tests were completed after 2-years of accelerated aging per ASTM F1980-16:

- O Mouse embryo assay (MEA) One-cell mouse embryos were incubated in extracts of the subject device and cultured at 37 °C. The percent of embryos developed to the expanded blastocyst stage within 96-hours was assessed in comparison to the control group. The acceptance criterion for the 1-Cell MEA was ≥80% embryos expanded to blastocyst at 96 hours.
- Endotoxin Evaluation performed using the Gel-Clot Limulus Amoebocyte Lysate (LAL) method per ANSI/AAMI ST72:2011 and USP <85>. The acceptance criterion was ≤ 20 EU/device.
- Mechanical Performance Testing
  - Joint strength tensile testing
    - Aspiration tube to bung
    - Aspiration tube to needle/hub
  - Needle point penetration force testing
  - Needle stiffness

The following testing was leveraged from the predicate device (K182959). Test results from the predicate were used to support the subject device because the conditions were identical or the subject device modifications did not introduce a new worst-case configuration or scenario for testing.



- Sterilization testing per ISO 11135:2014
- Ethylene oxide and ethylene chlorohydrin residual testing per ISO 10993-7: 2008 / (R)2012
- Simulated shipping and distribution testing per ISTA 3A:2008
- Package integrity testing
  - o Seal tensile strength per ASTM F88/F88M-15
  - o Seal peel per ASTM F1886/F1866M-16
- Leakage and fluid flow testing

#### **CONCLUSION**

The results of the testing described above demonstrate that the Wallace Dual Lumen Recovery System is as safe and effective as the predicate and supports a determination of substantial equivalence.